

# Consent & Demographics

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## Start of Block: Consent

Q1

The aim of this study is to collect data that will help guide future injury/illness prevention strategies among trail runners.

Your participation is truly appreciated among the trail running community.

I have read the participant information ([participant info](#)). I understand that I may withdraw from this study at any time without further question.

I hereby consent to participate in this study.

I agree (1)

## End of Block: Consent

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## Start of Block: Demographic data

Q7 **Initials and Surname**

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Q9 **Email address** (where we can send your questionnaire every second week)

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**Q27 ID number** (to identify your data on the follow-up questionnaires)

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**Q14 Age**

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**Q16 Sex**

Male (1)

Female (2)

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**Q18 What is your current height (cm)?**

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**Q20 What is your current weight (kg)?**

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**Q21 Are you planning to participate in a trail run of 21 km or more, during the next 6 months?**

Yes (1)

No (2)

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**Q22 On what surfaces do you train/run?**

	Often (1)	Sometimes (2)	Rarely (3)
Dirt roads (trails) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street (tarred/paved surfaces) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grass (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic track (tartan) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treadmill (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q24 For what time period have you been actively participating in RUNNING as a sport?**

▼ Select time (1) ... 10 years or more (12)

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**Q28 For what time period have you been actively participating in TRAIL RUNNING as a sport?**

▼ Select time (1) ... 10 years or more (12)

**Q26 Did you receive any advice regarding trail running shoes before?**

Yes (1)

No (2)

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**Q30 If yes, what advice did you receive?**

Anti-pronation (1)

Anti-supination (2)

Neutral shoe (3)

Ankle support (4)

Orthotics (5)

Raised heel (6)

Front-foot support (7)

For increased weight (8)

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**Q29 What brand shoe do you use most often during trail running?**

▼ Adidas (1) ... Other (20)

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**Q29 Did you sustain any running related injuries in the PAST TWELVE MONTHS?**

Yes (1)

No (2)

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**Q30 If yes, do you still at this stage experience similar symptoms from this injury?**

Yes (1)

No (2)

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**Q31 Please specify the DIAGNOSIS of this injury (or location of symptoms if diagnosis was not made)**

Diagnosis (1) \_\_\_\_\_

Location of injury (2) \_\_\_\_\_

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**Q32 Are you suffering from any CHRONIC DISEASES i.e. hypertension, asthma, diabetes, cholesterol?**

Yes (1)

No (2)

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**Q33 If yes, please list your chronic diseases.**

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**Q32 Please list all other MEDICATIONS and/or SUPPLEMENTS that you currently use.**

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**End of Block: Demographic data**

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